

PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/629,876
Filing Date	July 29, 2003
First Named Inventor	William C. Stumphauzer
Art Unit	1714
Examiner Name	Peter A. Szekely
Attorney Docket Number	LPC-17241 (1-16068)

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

07609

 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

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OR

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature	<i>William C. Stumphauzer</i>		
Name	William C. Stumphauzer		
Date	3-29-07	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

 Total of 2 forms are submitted.

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<p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 07609</p>																						
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 07609</p> <p>OR</p> <table border="1"> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td>Email</td> <td colspan="2"></td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name				Address				City	State	Zip		Country				Telephone	Email		
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SIGNATURE of Applicant or Assignee of Record																						
Signature	<i>Anthony A. Parker</i>																					
Name	Anthony A. Parker																					
Date	March 29, 2007	Telephone 215-497-3065																				
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>																						
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